

# Volunteer Waiver of Liability

Thank you for volunteering your time today. We greatly appreciate your assistance and commitment to helping our animals. Our insurance policy requires that we have an accurate record of all volunteers. This is an annual form where you agree to release Belleville Area Humane Society of all liability while you are working with Belleville Area Humane Society.

This form is effective for one year from the signing date.

This Release and Waiver of Liability (the "Release") executed on \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) of 20\_\_\_\_\_ by

(Name First & Last ) \_\_\_\_\_

(The "Volunteer", your name) in favor of Belleville Area Humane Society, a non-profit corporation, their directors, officers, employees, and agents.

The volunteer desires to work as a volunteer for the Belleville Area Humane Society (BAHS) and engage in the activities related to being a volunteer. The Volunteer understands that the activities include working with animals whose behavior is unpredictable

The volunteer hereby freely, voluntarily, and without duress executes this release under the following terms:

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless BAHS and its Successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with BAHS.

Volunteer understands that this Release discharges BAHS from any liability or claim that the Volunteer may have against BAHS with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with BAHS, whether caused by the negligence of BAHS or its officers, directors, employees, or agents or otherwise. Volunteer also understands that BAHS does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment: Volunteer does hereby release and forever discharge BAHS from any claim whatsoever which arises or any hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with BAHS.

Assumption of the Risk: The volunteer understands that the activities include work that may be hazardous to the volunteer, including, but not limited to, working with animals whose behavior is unpredictable, working with sick or injured animals, and some heavy lifting and working with many different chemicals for cleaning purposes.

Volunteer hereby expressly and specifically assumes the risk of injury and/or harm in the activities and releases BAHS from all liability for injury, illness, property damage, and death resulting from the activities.

Insurance: The volunteer understands that, except as otherwise agreed to by BAHS in writing; BAHS does not carry or maintain health, medical, or disability insurance for any volunteer. Volunteer accident insurance is provided and is a medical insurance policy which covers accidents involving volunteers on the work site or in other supervised events. Volunteer Accident insurance pays after the volunteer's insurance pays. In the volunteer has no insurance, the policy pays up to the limit of coverage.

EACH VOLUNTEER IS EXPECTED AND INCOURAGED TO OBTAIN HIS OR HER OWN MEDICAL OR HEALTH INSURANCE COVERAGE.

Photographic Release: Volunteer does hereby grant and convey unto BAHS all rights, title, and interest in any and all photographic images, video and audio recordings made by BAHS during the volunteer's activities with BAHS, including but not limited to, royalties, proceeds, or other benefits derived from such photographs or recordings.

Other: Volunteers expressly agrees that this release is intended to be a broad and inclusive as permitted by the laws of the State of Illinois and that this release shall be governed by and interpreted in accordance with the laws of the State of Illinois. Volunteers agree that in the event that any cause or provision of this release shall be held to be invalid by any court of competent jurisdiction, and invalidity of such clause or provision shall not otherwise affect the remaining provisions of the release which shall continue to be enforceable.

Waiver: I have volunteered to donate my services to the BAHS to perform various tasks as designated by the directors or management of BAHS. I understand and acknowledge that I am not a covered insurer under any polices of insurance maintained by BAHS, including; without limitation, workers compensation insurance. I covenant and agree to hold harmless BAHS or officers, directors, employees, or member of BAHS from any and all injuries I may suffer which arise from my services to the BAHS.

IN WITNESS WHEREFOR, VOLUNTEER HAS EXECUTED THIS RELEASE AS OF THE DAY AND YEAR WRITTEN ON PREVIOUS FORM.

\*\*\*IF THE VOLUNTEER IS UNDER THE AGE OF 16, A PARENT OR LEGAL GUARDIAN MUST SIGN.

I hereby understand that all the rules given to me in the orientation hold me responsible. If I do not follow them I will be asked to leave BAHS and not return as a volunteer.

All Volunteers must complete the entire form: (Please Print Neatly & Legibly)

Volunteers Personal Information:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ @ \_\_\_\_\_ .com

AGE: \_\_\_\_\_

Contact Person In Case of Emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Volunteer (Signature Required): \_\_\_\_\_

Parent Signature (Signature Required if Under 16 years of age):

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